

# THE MEDICAL AND SURGICAL REPORTER.

No. 958.]

PHILADELPHIA, JULY 10, 1875.

[VOL. XXXIII.—No. 2

## ORIGINAL DEPARTMENT.

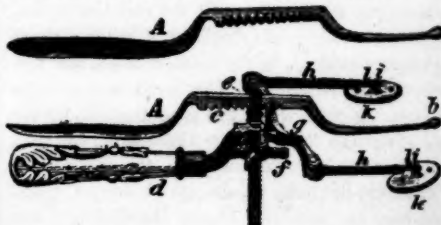
### COMMUNICATIONS.

#### THE TREATMENT OF STRANGULATED HERNIA, WITHOUT HERNIOTOMY, BY THE USE OF THE DILATOR.

BY H. R. ALLEN, M. D.,  
Of San Francisco, California.

The treatment of strangulated hernia has ever been a subject of great solicitude to the physician and patient. And the fatality attending herniotomy is so great, that any safe and reliable method of relieving the patient without the operation, cannot but be received with due appreciation. It is to this end that I wish to present the following described instrument and its use. I do not claim to have tested it under every conceivable condition. My claim for its merit is not based upon mere theory, but upon the results of practical experience. Some years ago, while in consultation with other physicians, and in my own practice, I succeeded in reducing a few cases of severe strangulation which seemed urgently to demand herniotomy as the only hope of relief, by introducing the index finger forcibly into the ring, and distending it by lifting or pulling up on the stricture. I found it easily lacerated in some cases, and the tension was at once relieved. But other cases proved more firm and unyielding, and I feared that the necessary pressure to insert the finger might be injurious; although the tissues of the hernia rested upon a smooth posterior wall, and the finger substituted a distributed pressure instead of the sharp cutting edge of the stricture, I felt that some instrument might be devised which would enable me to accomplish the same results,

without any of the apprehended dangers. After the trial of many devices, I found the one here described to answer the purpose admirably.



It consists of a strong flat bar of steel, *A*, with teeth, *c*, cut upon the under side, and having a flat handle at one end, and a globe-pointed probe, *b*, at the other, constituting the male blade of the forceps or dilator. *d* is the handle of the lower or female part of the instrument; through the shank of this handle the screw passes; on the top of this screw is a slot, *e*, in which the lever or blade, *A*, rests when in use. *f* is a nut, so attached to the shank that the screw in which the fulcrum *e* is made, can be run up or down. The handle *d* is fastened to the cross bar *g* by a pivot, upon which *g* may revolve; *g* is bent in the centre so that by turning the bowed side up or down, the height of the fulcrum or slot, *e*, may be high or low, as indicated by the size or amount of fat of the patient. To the ends, and by vertical hinges of cross bar *g*, are attached the arms *h*. The object of these hinges is to allow a free horizontal motion of the arms, so the instrument may be used on either side of the patient, and the handle kept in line with the canal, and the pads made to rest on any distant points. The arms, *h*, are hollow, and the

rods, *ll*, sliding into them; with this telescopic arrangement either arm may be made long or short at pleasure. The rods, *ll*, are pivoted in the balls, *ii*, so they revolve on the rods. These balls have sockets in the pads, *kk*. This combination of joints, slides, crooks and self-adjusting pads allows perfect adjustment of the instrument in any case.

To use the instrument, the patient is placed upon his back, the scrotum invaginated with the finger, which is carried up to the ring. The finger guides the blunt probe into the stricture, as it would a uterine sound into the uterus.

Very little difficulty is experienced, as the head of the probe is easily passed beneath the stricture, and is felt to catch under it. Holding it carefully in this position, the female portion of the forceps or dilator is adjusted by placing one of the pads on the pubis, the other about the inferior spinous process of the ilium. Now raising up the handle until the fulcrum or slot, *e*, is made to straddle the lever *A*, when a sharp edge in *e* engages in the teeth, *c*, of *A*, and prevents any slipping. The handles are now forced together, when the stricture will be felt to give way, and as the fibres are lacerated, the instrument communicates the fact to the hand as distinctly as the sound does a rough stone in the bladder. Should the closing of the handles not suffice, the nut, *f*, is turned, raising the fulcrum, *e*, to any desired height, and keeping the pressure steady, firm, and perfectly under the control of the operator. The operation produces but little pain, except the pinching of the scrotum, yet chloroform, in nervous cases, may be needed. The sharp cutting edge of the thin aponeurotic structures forming the resisting portion of the stricture are thus lacerated, so as to completely relieve the strangulation. And it is accomplished with as little disturbance or danger as was the laceration which allowed the hernia first to be formed.

By this operation, I believe that nearly every case may be quickly relieved, if treated in time, not allowing inflammation or gangrene to occur. More especially is it demanded in the young, in acute cases, where delays are hazardous. The laceration is intended to be very slight, and in scarcely any case do we aim or expect to be able to immediately return the hernia. All we desire or anticipate is to relieve the strangulation of the blood vessels passing through the ring, under the sharp constricting edge, which prevents the return of blood. When this is

removed, the oedema and congestion is soon relieved by restoring the outlet for the fluids. To more rapidly reduce the swelling, ice should be used to contract the blood vessels, allowing less blood to be thrown in, and more to be forced out. Add to this, gentle pressure, with a broad rubber T bandage, and the normal size and lax pliability of the parts is restored, so that they may be easily returned.

It is known to nearly every practitioner that some irreducible cases are despaired of, after long-continued taxis and auxiliary treatment, when the patient is allowed to rest for some hours, perhaps under the influence of opium, or without it, when, to the great surprise of all, the trouble is relieved, apparently without assistance. Now, as I believe, the relief in such cases, as in many others when taxis succeeds, is often unconsciously rendered by the physician. While attempting rather forcible taxis, prompted by great anxiety, the stricture was lacerated by the finger, acting as a wedge or bougie, and so little as to escape attention, as the distention of the ring was not the object sought, yet it was sufficient to give relief. But the parts being so much swollen, could not possibly be returned; yet as soon as free exit for the fluids, both in the blood vessels and intestines, was allowed, the swelling was relieved and the hernia partially reduced, just as ordinary reducible hernia is by the recumbent position.

It may be claimed by some, in the cases in which opium was used, that its sedative effects reduced the swelling. This would be more perceptible if the swelling did not depend upon a mechanical obstruction. But since the stricture is composed of inelastic fibres, and is compressing the veins more than the arteries, it can do nothing except to relieve arterial pressure and muscular contractions of the abdominal walls, aside from the mental quietude produced. That cold lessens the swelling by contracting arteries and veins, and lessening effusion, is true. Rest also is important. And in the commencement of mild cases anodynes are valuable; but in aggravated cases they have utterly failed. The dilatation or laceration of the urethra, rectum, vagina, etc., has long been practiced, but to me this mode of treating the hernial stricture is new, and has, I think, many advantages.

It is perfectly safe, as the skin is not punctured or cut, and the laceration is subcutaneous, and there can be no dangerous inflammation or

hemorrhage. The amount of laceration is perfectly at the option of the operator, and if the first attempt proves insufficient, it may be repeated. The distention employed carries the parts over the stricture upward and away from the hernia, and not a particle of pressure is exerted upon the constricted tissues, hence no wounding of the parts can occur. One great advantage is, it is admissible at any stage, when the parts are not fatally injured, and if employed immediately when taxis fails, all the danger of inflammation or gangrene is avoided. The laceration, instead of being injurious, has so far proved an advantage, by inducing sufficient inflammation of the ring to produce adhesion, if a firm truss is at once employed, and quiet enjoined. The operation, so far, has not only been easy and safe, but a life-saving treatment, relieving strangulated hernia of its terrors and fatal results. In offering this to the profession, for their approval or rejection, I feel that the importance of the subject demands a thorough investigation, and should it prove, in the hands of others, what it has, so far, in mine, many lives will be saved by it. I would also add that this method has proven most satisfactory in the hands of J. M. Hinkle, M. D., of this city.

#### INCARCERATION OF JEJUNUM.

BY A. R. KILPATRICK, M.D.,  
Of Navasota, Texas.

C. G., a colored woman, aged forty; multipara; lives on a farm; extremely fat; weighed two hundred and fifty pounds, though little over five feet high. Her last child was born in December, 1874; the labor was the most painful and protracted she ever had, and she has given birth to thirteen children. She suffered a great deal for several weeks after her confinement, and she attributed it to malpractice of her midwife, a negro woman. Had severe pain around the umbilicus, attended with fever, and her general health has never been good since that time. Owing to her obesity, she usually goes very thinly clad, as she suffers from preternatural heat, and seldom wears shoes.

On Monday, April 26th, 1875, she worked with a hoe in the field; the ground was damp, and it was the time for the catamenia, but they missed. Next day, she did not feel well enough to go back to work, and at noon, on Tuesday, she was seized with a violent pain in the bowels,

the central point of which was just above the umbilicus, where there had so long been "a misery."

Dr. Wm. Goodrich was called to see her; she had high fever; tenderness on pressure over the abdomen, which was very acute in the tumor, or lump above the umbilicus; all the symptoms of enteritis and peritonitis; urine scant and high-colored.

Dr. Goodrich employed active cathartics that day, and a blister to the abdomen. The medicines failed to act, and next day enemata were used, with only partial effect. He became convinced that there was present either intussusception, or incarceration of the intestines.

On Thursday, April 29th, I saw the case with Dr. G., in the afternoon. She had passed some dark-greenish feces with the enemata; had vomited a great deal, and some stercoraceous matter. The stomach retained nothing. I repeated the enemata very freely, with Davidson's syringe, but only a little fecal matter was brought away. I used the hypodermic syringe, and injected morphine into the lump, with only slight relief. She slept only short naps; was very restless, and made loud complaints of the pain in the lump. I made constant, steady pressure or taxis, but produced only pain. Dr. G. introduced his hand, per anum, as far as the splenic curvature of the colon, and explored for the point of obstruction, but could make no discovery. Some emmenagogue medicine was given, which produced a slight menstrual show next day, mingled with mucus. Dr. G. nursed her almost uninterruptedly till she died, on Saturday night, at 7 o'clock, one hundred and three hours after first attack. I was present, and got permission to open the body.

*Post-mortem*, two hours after death. We labored under many difficulties; the cadaver was the fattest I ever opened, and we had very dim lights to work by.

On laying open the abdomen in the linea alba, we penetrated the tumor above the umbilicus, and were surprised by unexpectedly meeting with an emission of fetid gas, and thin feces, after cutting down not more than a fourth of an inch; while below the umbilicus and above the tumor the fat underlying the skin was four inches thick over the muscles and fascia. We proceeded then to dissect out the lump, which was only fat somewhat condensed and thickened by morbid impressions, and found that there was an inverted pit in the lump, into which about four inches of the jejunum were

embedded, but *not now* adherent. The intestine was withdrawn, and was found to be gangrenous, a solution of continuity of texture involving a space of nearly two inches in diameter at the apex of the incarcerated portion. The jejunum was gangrenous and discolored for several feet each way from this point, and the mesentery was equally disorganized, as a part of it was embraced in the ligature.

The ligature was formed by the omentum, which at some time, probably during her last puerperium, had become inflamed, and was attached firmly to the mural peritoneum at two points, about two inches asunder, thereby forming a sulcus, or pocket, into which the jejunum had been thrust and retained, perhaps during the last four months, causing the disturbance and "misery" she had suffered. This incarceration caused a condensation of the fat and a gradual absorption of that portion between the knuckle of the gut and the skin; but the disease progressed more rapidly in the bowel, destroying it; otherwise the case would have resulted in the formation of an artificial anus. There was another point of adhesion, about an inch and a half from this, where the omentum was firmly attached to the mural peritoneum, and from which it hung. No other points of attachment were found, and there was no lymph anywhere seen, the bowels floating freely; nor was there any preternatural quantity of serum in the abdomen.

The uterus was slightly larger than usual, and while cutting it open, the bistoury entered easily, and on attempting to pull it open and assist the knife, the walls gave way easily, making a rent of nearly an inch with little effort. The mucus coat was softened and congested, and the cavity was filled with mucus and menses. No other organ was inspected.

For a case resembling this, the reader is referred to the May number, 1875, of "*The Monthly Abstract of Medical Science*," by H. C. Lea, Philadelphia, Pa.

#### Two Cases of Intussusception.

As germane to the subject, I will give two cases of intussusception, also in negroes; one a woman, aged about 36, and her son, aged about 13 years.

Their health previously had been fair, and they belonged to kind, attentive owners. They were taken with fever in the summer season, and had gone to bed, and were treated by their master, who administered such domestic reme-

dies as were commonly employed. He gave both pulv. rhei, after having used other things. This caused severe purging, with pain, and finally vomiting, which continued in spite of everything he could employ for its arrest. I presume these patients were peculiarly susceptible to the action of rhubarb, as I have known persons who were very actively purged even with a small amount of the crude root, chewed, and swallowing the saliva. I reached the cases when they were moribund and insensible, both sick at the same time. The owner requested me to make an examination, for the satisfaction of both of us.

I examined the woman first, as she died a little before the boy did, and found the small intestines invaginated in seven different places, the extent of each place varying from three inches (the shortest) to fourteen inches. Some had evidently been but recently ensnared, while others were gangrenous, and showed, by the state of agglutination, that they had been so for several hours. I think she had been sick over three days, probably nearly five days. Any other morbid condition is not recollected.

The boy was seized with illness the same time his mother was, received the same treatment, suffered in like manner, and died a short time after she did. This fact has a bearing also, in a medico-legal point, as showing that under like diseases, injuries, or exposures, the younger will outlive the older subject.

There were five places in the small intestines where they were invaginated to various extents, but the measurements are not remembered. The bowels and peritoneal membrane were disorganized, and there was coagulable lymph diffused in the cavity of the abdomen, on the bowels and omentum.

One cause of anxiety on the part of the owners was, that they apprehended some one might have given them poison, or that malignant people might say they had cruelly mistreated the negroes, and an inquest might be required.

#### CASE OF GUNSHOT WOUND.

BY L. M. THOMPSON, M. D.,  
Of Mahanoy City.

April 8th, 2½ P. M. Was called on by Dr. P. A. Bissell, to see Edward Childs, *æt.* twenty-six, Welsh, who had received a bullet wound in the head. While in the act of loading, the pistol was accidentally discharged. Says he was



kneeling, with head inclined forward. The accident occurred about one-third of a mile from his house; was alone, and walked home, stopping by the way to wash the blood from his face. No powder marks; found him perfectly conscious; bullet entered to the left of the median line of nasal bones, at the junction of nasal bones with the os frontis. Considerable hemorrhage and exudation of brain. Could not use the probe without anaesthesia. Probe entered and passed backward, or rather to the left, to a depth of three and three-quarters of an inch, without the slightest difficulty. At a depth of an inch and a quarter to an inch and a half on either side, shattered bone could be discovered. The effort with the probe failed to locate the bullet. Shattered bones were replaced with a small steel hook. Pulse 45, and feeble; calibre of pistol, 32; bullet conical, weight eighty-two grains; prognosis unfavorable. Ordered cold water to the wound and surrounding points; broken ice in bladder to back part of head; and one teaspoonful of the following every hour, if required, to relieve pain:—

R. Morph. sulph., gr. iij  
Spts. ether comp.,  
Aqua, aa fl. 3j.

8 P. M. Patient comfortable; considerable reaction; pulse 90, full. Bladder sympathizing; introduced catheter; evacuated about 3xij urine; catheter passed prostate, and entered bladder with some difficulty. No pain in head.

Only one dose of the morphia and spirits ether comp. had been taken. Continue ice and cold water, and to give one teaspoonful of the following, every three hours:—

R. Ant. et. pot. tart., gr. j  
Tr. digitalis, fl. 3ij  
Chloral hydrat, 3ij  
Syr. tolu, aa q. s. for fl. 3ij.  
Aqua,

Ft. sol.

April 9th, 8 A. M. Patient quite comfortable; pain in head inconsiderable; mind clear; pulse normal; skin soft and moist; tongue coated; no evacuation of bladder since last visit. Introduced catheter and discharged about 3x. No action of bowels; both eyes closed; left completely ecchymosed. To have injection of warm soap suds and castor oil, fl. 3j; spirits turpentine, fl. 3j; continue treatment.

8 P. M. Doing well; consciousness perfect; no complaints whatever. Pulse same as at morning visit; skin still soft and moist; slight

oozing of bloody serum from wound; bowels freely evacuated, from enema. Used catheter, and took away about same quantity as at last visit. Continue cold applications, tartar emetic, digitalis and chloral to be given every six instead of every three hours. Ordered—

R. Pulv. mass hydrarg., gr. xv  
Pulv. ipecac et. opil.,  
Sacch. alb. pulv., aa ʒij. M.

Sig. Divide into eight powders. Give one every six hours.

April 10th, 8 A. M. About same; pulse 70, full and soft; skin moist; tongue still slightly coated; no thirst; catheter used; same result. Continue treatment.

8 P. M. Condition favorable, and pulse 70; skin soft and moist; thirst slight. Introduced catheter, and discharged about same quantity of urine as usual; not so dark in color; slight ammoniacal odor. Complained of the cold applications; discontinued them, and ordered poultices of ground slippery elm to the wound, and to cover both eyes. Other treatment continued.

April 11th, 8 A. M. Condition much the same; pulse 60, and normal; tongue cleaning; at times some thirst; had gruel (oatmeal) this morning; taste natural; no evacuation of bowels or bladder; used catheter, and injection repeated. Continue treatment; slept well.

8½ P. M. Some pain in forehead; pulse 86; temperature in axilla 102°. Had a constant stream of visitors to-day (Sunday). Diet rice and milk, noon and evening; taste natural. Bowels moved freely, from injection; used catheter; result twelve to fourteen fluid ounces; urine more natural in color, and less ammoniacal odor. Less resistance to introduction of catheter. The excitement of heart active, attributed to the number of visitors during the day. Positively forbid any but nurses entering the room. Treatment continued, with absolute quiet.

April 12th, 8½ A. M. Slight pain in the head; otherwise comfortable; slept well; wound open and discharging freely bloody serum; pulse 68; skin temperature natural; voided urine voluntarily for the first time since the injury, at 7 A. M. Tongue more coated; contrary to direction, ate some currant cake; taste natural; slight thirst. General condition apparently improved. Opens both eyes partially; vision in both unimpaired. Discontinue powders; continue ant. et

pot. tart., digitalis and chloral; poultices to wound. No action of bowels since yesterday; ordered granulated citrate magnesia, one teaspoonful four times daily.

9 P. M. General condition much the same; pulse 74; temperature 100°; thirst slight; taste quite natural; tongue moist and cleaner; skin moist, sometimes amounting to sensible perspiration. Occasionally slight pain in head; voided urine about 8 P. M., darker than natural. No action of bowels; to take castor oil, one ounce. Treatment continued.

April 13th, 8½ A. M. Condition favorable; pulse 60; temperature 99°; considerable discharge of bloody serum from wound, with slight hemorrhage from both nostrils. Complaints of pain in lumbar vertebræ; tumefaction in left eye increasing; two operations of bowels, from the oil. To take the morphia and spirits ether as required.

7½ P. M. Symptoms decidedly unfavorable; pulse 72; temperature 104; had slight rigors during the afternoon; severe pain from frontal to occipital portion of head, pulsating. Indications favor pus formation; bowels and bladder evacuated at 10 A. M. Bladder now sympathizing; used catheter; took away about sixteen ounces of urine; thirst greatly increased; tongue cleaning; prognosis very unfavorable. Ordered—

R. Ant. et pot. tart.,	gr.iss
Tr. digitalis,	℥.ij
Tr. hyoscyami,	℥.ij
Syr. tolu,	
Aque,	aa to make ℥.ij. M.

Sig. One teaspoonful every three hours.

April 14th, 8½ A. M. Condition not so alarming as last night; pulse 72; temperature 99½°; pulsating pain in the head slight; skin moist; tongue more coated, dryer, and slightly brown. No action of bowels, or evacuation of bladder; withdrew about ten ounces of urine. Dry bread and tea for breakfast; says it tasted natural. Less discharge of serum from wound. Ordered

R. Mass hydrarg. pulv.,	gr.x
Sodæ bicarb.,	℥.ij
Sacch. alb.,	℥.ij. M.

Sig. Divide into eleven powders, one every four hours.

7½ P. M. Symptoms again very unfavorable; pulse 94; temperature 104; slight incoherence during the day, at times; passed urine twice since morning visit; no action of bowels; no thirst; ate a teacupful of bread and milk; tongue moist, and cleaner. Ordered—

R. Castor oil,	℥.ij
Magnesia,	℥.ij
Spts. turpentine,	℥.ij. M.

Sig. Take for one dose.

April 15th, 8½ A. M. Patient in articulo mortis; complete unconsciousness since eleven o'clock last night. Pulse 144; respirations 10, stertorous; fecal matter passing involuntarily.

12 M. Pulse 180; respiration irregular and gasping; profuse perspiration. Died at 2½ P. M.

Post-mortem at 5 P. M. Rigor mortis well marked; discoloration of skin general. Cranium opened and entire brain dislodged; brain weighed forty-six ounces. Brain bloodless; no indication of inflammatory action. There were at least eight ounces of effused blood in the cranium, in addition to that which escaped in removing upper part of skull—one or two ounces of coagulum in cranium.

The bullet was found at the base of the posterior portion of the left lobe of the cerebrum, together with a fragment of bone, both lying loose, having passed directly backward, or slightly divergent to the left. Bullet much battered and ragged; cause of death, compression of brain from effusion; hemorrhage secondary. Present at autopsy, Drs. Philip Weber, E. K. Weber, McDonnell, P. A. Bissell.

#### IDIOPATHIC TETANUS.

BY B. F. PRICE, M. D.,  
Of Gayoso, Mo.

Thomas N., aged eight years, the son of a farmer; has had no sickness save a few chills, six months ago. Had been sawing wood with an elder brother, during the cold weather, in the latter part of January and the 1st of February. In the evening of the 5th of February he complained of his jaws being sore, and the next day of his right leg and left hip. On the evening of the 7th I was called to see him. I found him in bed, having spasms every four and five minutes, but of short duration, lasting from one to two minutes. All of the muscles were tense and rigid, his jaws were firmly closed, consequently articulation was difficult; still he could make himself understood; the skin around the mouth was drawn tight, and the corners were retracted, showing the sardonic grin well marked. There was no decidedly anxious or distressed look about the face, and deglutition was not embarrassed. Two or three hours before my arrival, one of his front teeth was pressed out by a sudden and spasmodic contraction of

the muscles of the jaw. The abdominal muscles were very tense and rigid, feeling like boards, and a like rigidity pervaded the muscles of the neck and lower extremities. He could not move himself nor bend a joint; opisthotonos was very prominent. He complained much of a severe and constant pain at the epigastrium, greatly intensified during the spasmodic seizure. The spasms came on when he attempted to speak, or was spoken to or touched. There was no derangement of the intellect, no headache, pupils normal, pulse 115 and of good volume, bowels constipated.

My diagnosis was idiopathic tetanus. The treatment directed was, that he be kept quiet and take one of the following powders every three hours:—

R. Hyd. cum cretâ,	gr. viij	
Santonini,	gr. iij	
Pulv. rhei.,	gr. ij.	M.

Divide in three powders.

8th, 1 P. M. No change; bowels moved; free discharges, very dark; pulse 140; high fever.

R. Flt. ext. lobelia,	ʒiv.	
Ant. et. pot. tart,	gr. j.	M.

Take ten drops every two hours and a half.

9th, 2 P. M. Has not been nauseated; pulse 150 and full; skin hot and dry. I opened a vein in left arm and drew six ounces of blood; ordered that the patient take five drops of chloroform during each spasm, also have plenty of nourishment, and take one teaspoonful of the following mixture every three hours:—

R. Potassii brom.,	ʒj	
Chloral hydrat,	ʒij	
Aquæ,	ʒij.	M.

10th, 11 A. M. Pulse irregular, running from 135 to 155 and back, in the space of a few minutes; has been nauseated a little; spasms not so frequent; abdomen tympanitic; sweats free; rested little better than the night before. Discontinue the lobelia mixture, and give quinia sulph., two grains every four hours.

12th, 1 P. M. Pulse more regular, 135; resting with more comfort; the abdominal muscles began now to play in respiration. The spasms were not so severe nor frequent; he has had no operation since the 9th. Ordered one of the following powders every three hours:—

R. Calomel,	gr. ij	
Santonini,	gr. ij	
Pulv. rhei.,	gr. ij.	M.

Divide in three powders.

Tablespoonful of castor oil and six drops of turpentine at eight o'clock in the morning.

15th, 12 M. Bowels moved three times; discharged several large, and pieces of worms; spasms short, not quite so frequent; pulse 130, weak. Ordered that the patient have as much nourishment as he can be induced to take, and port wine to stimulate him; continue the bromide of potassium, and take twenty grains of quinine every four hours.

15th, 2 P. M. I met in consultation Dr. Whitson, a worthy professional brother. We increased the dose of bromide mixture, and gave the quinine every three hours.

16th, 11 A. M. Patient resting well; symptoms of pneumonia.

17th, 2 P. M. Pulse 160; face flushed; high fever; pain in right side; hacking cough; can open his mouth to the extent of one-fourth of an inch; can flex his legs a little; spasms about every fifteen or twenty minutes, but of short duration. The bromide was stopped, and the following prescribed:—

R. Fld. ext lobelia,	ʒiv	
Tinct. ver. viride,	ʒss	
Alcohol dilute,	ʒiv.	M.

Sig. Ten drops every two hours. A hot poultice to his right side.

18th, 12 M. Pulse 130; has been in a perspiration since twelve o'clock last night; complains of being sick at the stomach; continue treatment, giving only six drops of the lobelia mixture every three hours; bowels regular; can open his mouth three-fourths of an inch; spasm about every half hour, but very light.

I saw the patient every two or three days until March 1st, during which time there was a tedious but steady convalescence, when I dismissed him. He was then able to sit half erect in the bed, with a chair at his back.

March 7th. I stopped to see him; upon examination I found that the sternal and sterno-costal cartilages had given away; the spine was considerably curved posteriorly, and a little tender in the upper part of the dorsal region; the breast about the clavicle was sunken; his shoulders were elevated and drawn forward.

I ordered the patient to be kept in the horizontal position, and a board covered with blankets placed in his bed to sleep upon. With this treatment for two weeks, he recovered with little deformity.

## EDITORIAL DEPARTMENT.

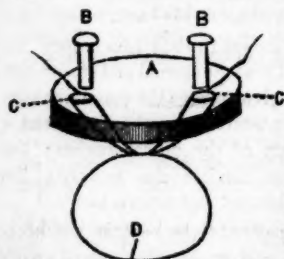
## PERISCOPE.

## On Scarless Eradication of Nævi.

Dr. Richard Barwell, F. R. C. S., says, in the *Lancet*, May 8:—

The mixed nævus requires, if no scar is to be left, two forms of treatment, which may be carried on simultaneously—one for the skin portion and another for the subcutaneous. Subcutaneous strangulation of a nævus, effected by passing a string around the base of the tumor and tying it as tight as possible, is a painful process, replete with danger; it frequently fails in its purpose, as the tumor sloughs, and the slough either involves the skin and comes out by it, or it does not implicate the skin, and the dead morsel becomes a source of great danger. These inconveniences are due partly to the material used, but chiefly to the rapid and complete strangulation, as it were, by a blow. A mixture of slow strangulation and of cutting avoids these contingencies, as I have tested by many cases and several years' experience.

The operation may be thus performed:—Having carefully made out the limits of the nævus, both as to depth and circumference, a needle armed with not too fine a wire is passed through the skin, half around the tumor, and out again opposite the place of entrance; the needle is then again introduced at the same puncture by which it had just emerged, and, passing round the other side of the tumor, makes its final exit at the opening first made. In certain cases, the large size or peculiar shape of the tumor may render it necessary to bring out the needle twice instead of only once. However that may be, the effect is to enclose the base of the tumor in a wire loop, both ends of which, emerging at the same opening, are under perfect control. These might merely be twisted together till the requisite tightness is attained, but in this practice certain inconveniences arise which I have obviated by another expedient. A vulcanite



a. Vulcanite disc. b. Brass studs.  
c. Holes pierced obliquely in  
direction of dotted lines. d. Wire  
looped as in surrounding  
a nævus.

oval plate, about three-quarters of an inch long and an eighth of an inch thick, has two holes bored obliquely through its thickness; and on its external surface two little studs project, close to where these holes emerge, and where also they are furthest apart.

(See figure). By bringing the end which passes by the right side of the nævus through the left hole, and *vice versa*, the wire is made to cross, while the oblique direction of the holes permits it to run smoothly. The surgeon having thus arranged his appliance, draws upon the wires until the nævus is rather tense, and then twists each end round the nearest stud. A piece of lint, slit so as to bestride the wire, is introduced between the skin and the vulcanite button, and prevents any undue pressure by the edges of the plate.

On the third or fourth day the wire will have become somewhat loosened; one of the ends is to be untwisted from the stud, drawn tight, and again secured. This process is to be repeated until the wire comes away, when, as must be evident, it has not merely strangulated, but has cut through the base of the nævus, with all its vessels of supply; in fact, it has acted like a slow and sure écarreur. During this procedure some pus forms and escapes by the needle punctures, but the treatment is so painless that, except at the time when the wire is being tightened, the child suffers no pain, is not fractious, and remains quite well.

Thus the subcutaneous part of the nævus will be destroyed, and in many cases the cutaneous parts will at once begin to shrivel and to lose their morbid color. In other cases this change is either very slow or will not take place without some aid. The best means of effecting this is to brush the colored parts with strong nitric acid, leave it for a few seconds, and then to wash it off with an alkaline solution. Care must be taken not to leave on the acid long enough to destroy the skin or to produce ulceration. This had best be done while the wire is still encircling the base of the nævus.

## Compression of the Abdominal Aorta in Uterine Hemorrhage.

A case is given by Dr. Schmidt, quoted in the *London Medical Record*, where a woman, aged thirty-two, pregnant for the third time, was attacked with flooding, coupled with retention of the placenta.

She bled until she became faint and perfectly blanched. The umbilical cord had been torn through by the midwife. An attempt to remove the placenta by Credé's method was unsuccessful, and brought on an attack of faintness. The abdominal walls being very flaccid, the pulsations of the aorta were easily recognizable. It struck Dr. Schmidt to apply compression to that vessel. The effect was that the pulsations of the aorta, which were previously small and frequent, became, in a few minutes, gradually fuller and slower; the faintness disappeared, and consciousness returned, with singing noises



in the ears; after a time even this symptom ceased. As soon as the compression was removed, all the former symptoms returned. Compression was again applied, with the same result, the patient complaining only of tingling and numbness of the lower extremities, showing how effectual had been the pressure. The patient made a good recovery. Some authors placed compression and transfusion alongside of each other, and as Herr Schmidt thinks, properly so; as, although general increase in the quantity of the blood is not attained, yet in the vital organs such is obtained, in the foremost rank of which stands the brain. Besides, transfusion is not capable of easy or rapid application, and assistance, both instrumental and manual, is requisite; a not unimportant factor in country practice.

#### Iodine in Enlarged Prostate.

According to the *New York Medical Journal*, Professor Heine has cured six cases of prostatic hypertrophy with iodine injections, and now recommends the parenchymatous injection of moderately concentrated solutions of iodide of potassium; he states that the operation is not severe, and can be borne by old and weak individuals, because the diminution of the hypertrophied organ takes place without suppuration. When its volume is diminished, the secondary affections of the bladder are also relieved, provided they have not attained a high degree. The operation is performed by placing the patient on his side at the edge of the bed, and introducing the oiled index-finger of the left hand into the rectum, to the point where it is intended to make the injection. An exploring trocar is then introduced on the finger, the stilet having been withdrawn into the canula, and the puncture is made. The stilet is then withdrawn from the canula, which is filled with the solution in a syringe. When the canula has been filled, an air-tight syringe is attached to the canula and the injection performed. The median line of the prostate should not be chosen, as a small artery takes its course in this location. The author's solution is:—

R. Iodidi potass.,	ʒij
Tr. iodinii,	ʒij
Aq. destil.,	ʒij.

#### The Hyposulphites in Phthisis.

There are symptoms of a revival of this method of treatment. The *London Medical Record* states that Drs. Sestini and Ferrini, of Turin, have administered the hyposulphite of lime with success in several cases of tuberculosis in the third stage, with nocturnal fever and abundant and fetid expectoration. Polli has already made an important series of observations, which all tend to demonstrate the serious modifications in the augmentation of the general vitality, which take place in the nature and quality of the matters expectorated in the height of hectic fever. In each case, the diagnosis of

the disease is established on the general symptoms and on the direct signs of the anatomical change furnished by auscultation and percussion. Dr. Rodolfi says that with the sulphites of magnesia he has been able on several occasions to combat violent attacks of fever with shiverings, in tuberculous patients arrived at the third stage, when this fever of consumption had been treated without success by preparations of quinine. Brunetti, of Constantinople, combats zymosis of the respiratory passages by preparations of sulphite of soda and hyposulphite of lime.

Dr. De Pietra Santa states that he has seen the excellent effects of hyposulphite of lime on the second and third stages of pulmonary phthisis. It is well known that in this terrible disease there is a time, in the cavernous stage, when the treatment can only aim at patching up certain morbid phenomena and prolonging the life of the patient. At that time, the pus which is not entirely eliminated by expectoration is absorbed into the organism; and this purulent infection is shown by the nocturnal fever, the diphtheritic irritation of the buccal and gastro-enteric mucous membrane, the colliquative diarrhoea, the nocturnal sweats, and the general emaciation. To prevent this decomposition of pulmonary tissue, and to combat the putrid absorption, logic bids us have recourse to therapeutic agents capable, first, of protecting the blood against the catalytic action of the pus which penetrates into the circulatory torrent; secondly, of thus diminishing the purulent exudation in the pulmonary cavities.

It is here that clinical observation has stepped in to demonstrate that alkaline hyposulphites are perfectly indicated to prevent this general decomposition; to arrest the deleterious action engendered by the purulent focus in the blood; to moderate the partial phlogoses of the pulmonary tissue; and, finally, to induce the phenomena of deoxidation. By protecting the blood against the catalytic action of the pus which penetrates into the circulatory torrent, they diminish by so much the purulent exudation in the pulmonary cavities.

#### On Repair after Fracture.

The following are the conclusions reached by Prof. Agnew, of this city, on the above subject, as expressed in his address before the county society:—

1. That there is no evidence founded on structure, that the process of healing in the fractures of man may not be studied by experiments on lower animals, or that the repair in the latter materially differs from that in the former.

2. That the reparative act is the result of an inflammatory process.

3. That the reparative material is furnished by the vessels of the periosteum, endosteum, bone, and to some extent from those of the adjacent soft parts.

4. That the uniting material is deposited external to the bone, constituting an ensheathing callus in the medullary canal; when there is no displacement, between the ends of the bones, the conversion of this preliminary substance into bone proceeds from the surface towards the centre, so that the exterior is hard long before the interior, which will account for the movement discoverable in specimens apparently solidly united together.

5. That the union of bone is through cartilage, and even cells which have not reached the typical form of cartilage, and in this respect does not materially differ from the process observed in the primary development of bone.

6. That the presence of the ensheathing and medullary callus, which Mr. Paget regards as exceptional in man, should be considered the rule.

7. That the terms *temporary*, or *provisional* callus, as used by Dupuytren, in contradistinction to the *definitive*, must be accepted with considerable limitation, the one not differing in any particular of composition from the other; that the delay in the production and bony transformation of the intermediate or definitive callus, as compared with the exterior and interior portions, is only due to the comparatively small vascularity of the compact part of the bone.

8. That the complete absorption of the ensheathing callus never entirely disappears, and that the reabsorption of the medullary callus is not a work of nature set in operation because the union at the ends of the bone has become complete, but is simply a repetition of the order followed in the development of the long bones, entirely independent of the fracture, a work which contributes both to their lightness and mechanical strength.

#### Emetics in Intermittent.

In the *Practitioner*, Dr. A. R. Hall, says:—A very successful mode of treating the cold stage of ague, and one extensively employed by medical men in India, is to give an emetic at the commencement of the stage, when shivering first begins. The emetic I myself employ is sulphate of zinc, as it does not leave so much depression afterwards as ipecacuanha, and half a drachm of sulphate of zinc is usually found sufficient, followed by copious draughts of hot water, say three or four pints, if the patient can be induced to swallow them. This generally induces free vomiting, and the shivering fit is, as a rule, cut short at once, and the hot stage, with its subsequent perspiration, quickly follows. The mode of action I conceive to be that the emetic induces a state of relaxation of the muscular fibres of the vessels, and thus promotes free circulation through the surface, extremities, lungs, and system generally. I believe that in the cold stage of ague we have a condition similar to the collapse of cholera, though in a much milder form. It has been frequently noticed by medical men in India that the cold stage of

remittent fevers can hardly be distinguished from the collapse of cholera, and I have myself felt the breath of a person suffering from remittent fever nearly as cold as in a case of a cholera patient.

#### Preventive Measures in Syphilis.

Mr. Acton recently read a paper before the Royal Medical and Chirurgical Society of London, from which we make the following extracts:—

His paper commenced by stating that when he returned to England, after the completion of his studies in Paris, he was greatly struck with the severity and number of cases of syphilis in London, as compared with Paris, and as a consequence of this he brought the subject before the notice of the Society in 1846, and again in 1860, showing that the Belgian and French troops were much less attacked by venereal affections than the English. In 1873 he found that in districts in England where the troops were not what he called protected from the women, primary syphilis still existed in the proportion of 123 per 1000 men annually. He maintained that syphilis could be prevented and stamped out by providing ready means of abstinence, and destroying the local form of contagion, and warning male patients not to infect other persons. The institution of hospitals, whether free or otherwise, was one remedy, for treatment of prostitutes as out-patients was quite inadequate. They should be segregated as soon as diseased, and not allowed to leave hospital until they are quite cured. By doing this, as at Hong Kong and Dartmouth, the disease had been reduced to a minimum. In his visit to Brussels, in 1874, Mr. Acton had visited the Military Hospital, where he found only three cases of syphilis among the private soldiers, and two among the non-commissioned officers, out of a body of 3500 troops. There were only nine women confined to hospital for venereal disease, showing that in Brussels the police inspection had nearly stamped out the disease. In Paris he visited the military hospitals, and could only discover six cases of primary disease, and eight of secondary syphilis, among 3841 men forming the garrison of Paris. Disease among the females was very slight also, and Mr. Acton attributed this decrease to the police regulations. He gave a table showing that in the St. Lazare Hospital he only found 23 cases of primary disease among 202 patients in this prison, which is under the police surveillance. With respect to England, Mr. Acton said that Parisian medical men alleged that British travelers, like sailors, were the cause of much of the disease in Paris, and that the disease would ere now have been stamped out had it not been that England and other similar countries went on continually introducing fresh cases into Paris. In London he found at the hospital of the Foot Guards 24 cases of primary disease among 408 single soldiers in the second battalion of the Cold-

stream Guards quartered in London. In the first battalion of the Scots Fusilier Guards he found 25 cases of severe forms of syphilis among 505 unmarried men. He handed in a table extending over a year, which showed that one-fifth of the whole troops quartered in London in 1874 were affected with primary sores, which would have incapacitated the men from duty for a period of six weeks on an average. Perhaps 164 of these men would have secondary disease, requiring mercury, which would further incapacitate them from duty for a period of two months or so, and this would debilitate them greatly. Comparing the syphilitic affections of the Foot Guards with those among the troops quartered in Paris, he showed that 500 troops in London had more disease than 3841 quartered in Paris. Mr. Acton considered that one-half the prostitutes in London were diseased; whereas of those in the districts under the Contagious Diseases Acts only about 8 per cent. were found affected at periodical examinations. It appeared that at Woolwich, during 1871-2-3, only 1085 cases of primary sores were treated in hospital, out of a garrison of 18,250 men, or only one man was infected in 17 soldiers, instead of 1 in 6, as in London. He therefore, in conclusion, looked upon the advantages of supervision of prostitutes as no longer a problem, but as an undoubted fact.

#### The Treatment of Acute Infectious Disease.

Sir William Jenner, in a late lecture on the Etiology of Typhoid Fever, expresses himself thus:—

Excuse me yet a little while, to speak of the treatment of a special class of diseases. When any acute specific disease is epidemic, the public—the educated public—call loudly for a cure, and too often, I think, members of our profession call out as loudly, "Eureka." Now, to me it seems that there are no grounds for expecting that a cure will ever be found for diseases of this class—i. e., for expecting that a drug or medicinal agent will be discovered, capable of arresting the progress of the organic changes, which, set in motion by a special cause, and following each other in definite and ascertained order, constitute what we call an acute specific disease.

For in place of being diseased actions, these several organic changes, the evidences of which we call symptoms, are, so far as our present knowledge extends, processes, the first of which being called into action by some external cause, e. g., the poison of the disease, are essential for the restoration of the intimate organic changes to the order and intensity which constitute health.

I may illustrate my meaning thus:—Each of these diseases may be likened to a single fit of ague. We administer drugs to prevent the recurrence of the fit, but we do not cure the fit itself; the cold stage having commenced, and attained a certain intensity, the hot and sweat-

ing stages are essential for the restoration of the balance of health. So with small-pox. By vaccination we prevent its occurrence; but when the first of the phenomena, which, following each other in certain and definite order, constitute an attack of small-pox, occurs, we know that there is no road to health, but by the sequence of changes, the symptoms of which mark the several stages of the disease; and to my mind it is very questionable, whether, if it were possible, by the administration of a drug, to arrest the essential changes which constitute any one of these stages, health would be the result. And what is true of small-pox in this particular seems to me to be equally true of all the acute specific diseases; and when I read the lists of cures for cholera which swarm into the columns of the press at the first inroad of an epidemic of that disease, I should smile, did I not know that a column of cures for cholera in a newspaper may be the death-warrant of numbers.

Although the science of medicine can never hope for a cure for any one of these diseases, it can prevent death from all, and it is time that the public, and not the profession only, had correctly appreciated what medicine can, and what it cannot be expected to do in this class of diseases. Nor would medicine as a practical science fall in public estimation, or physicians be less highly esteemed, were the public instructed in this matter.

#### The Night Terrors of Children.

Dr. Wm. B. Hazard, in the *Missouri Clinical Record*, attributes these terrors largely to pernicious ghost stories. Of other causes he says:—

The only exciting cause mentioned by authors, with which I am acquainted, is gastro-enteric irritation. Undigested food in the stomach or intestines, is undoubtedly cause sufficient for night terrors or convulsions, and is probably the real exciting cause in many cases; but I am able to add to the above another, which I am sure has been overlooked, viz: irritation of the bladder, by a large collection of urine. This occurs in children who do not suffer from incontinence of urine, especially in those who drink large quantities of fluids just before sleep. It has sufficed, in some cases, to direct the parents to take up the child, and cause him to urinate, two hours after he has gone to sleep. This has, in one case, effectually prevented the recurrence of the attacks.

As regards immediate danger, the prognosis is good; the only accident to fear is an intensification of the cause and the superintention of convulsions from improper treatment, e. g., by severe methods adopted to cause the child to awaken. For the future, it should be remembered that night terrors indicate an unstable constitution of nervous element, and especial care should be taken with these subjects, to cultivate habits of self-discipline and self-control; to encourage a rationalistic spirit of doubt in



the marvelous, and contempt for old wives' fables and emotional excesses. Out-door exercises and enlightened hygienic treatment are of the greatest importance. The bromide of potassium, after great emotional excitement or physical fatigue, is especially indicated from its action, regulating and increasing the stability of the excito-motor centres.

A light or fire should always be kept burning in the child's sleeping room. During the attack, kind words, and no rough or abrupt actions, should meet the return of complete consciousness.

#### Cod-liver Oil with Quinine.

The *Medical Press and Circular* says:—

Twelve years ago, Dr. Attfield called the attention of the Pharmaceutical Society to the fact that the natural alkaloids combine with oleic acid to form oleates, which dissolve in oil. The suggestion has not, however, proved of much practical use in pharmacy as yet.

In the *Pharmaceutical Journal* (February 13th) Mr. M. H. Stiles, of Hull, suggests that this fact might be turned to account in preparing cod-liver oil with quinine. Having lately had occasion to prepare some cod-liver oil with quinine, and found the product, as prepared by the usual process, unsatisfactory, the idea occurred to him of preparing the oleate and dissolving that in the cod-liver oil. The result was perfectly satisfactory. He says that the preparation had the characteristic taste of quinine and cod-liver oil, the oleic acid, from its small amount, not being perceptible.

The preparation may be made as follows:—

R. Sulphate of quinine,	gr. lx
Diluted sulphuric acid,	fl. 3j
Solution of ammonia,	q. s.
Distilled water,	q. s.
Purified oleic acid,	fl. 3j
Cod-liver oil,	fl. 3xxxix.

Dissolve the quinine in the diluted sulphuric acid mixed with four ounces of water, add a slight excess of ammonia, stir well, transfer the whole to a calico filter, and after carefully washing the precipitate, press it between folds of bibulous paper and dry by the heat of a water-bath. Dissolve the quinine thus obtained in the oleic acid, by the aid of a gentle heat, mix the solution, whilst warm, with five ounces of cod-liver oil, also warm, strain through cotton-wool or filter through paper, if necessary, then add the remainder of the oil. The product should measure thirty fluid ounces; each tablespoonful (fl. 3ss) contains oleate of quinine equal to one grain of sulphate.

#### Chloral vs. Strychnia.

Dr. Charteris, of Glasgow, reports this case in the *Lancet* for April 10:—The patient, a very strong, healthy man, aged thirty-nine, deliberately swallowed the contents of two sixpenny packets of "Gibson's Vermin Killer," mixed

with whisky and ginger beer, each packet containing fully two grains of strychnia. The poison was taken at about 11.30 A. M., soon after a very substantial meal of ham and eggs, etc., and the symptoms came on very slowly and gradually. It was not till 3.30 P. M. that he was brought to the Royal Infirmary; violent attacks of convulsions were then occurring about every ten minutes. The stomach-pump was used, but the fits continued to increase in severity and frequency until 4.50, when ten grains of chloral were given, and the dose was cautiously repeated at intervals of about twenty minutes. There was little change until forty grains had been given, but then the improvement was rapid and marked; the spasms subsided into mere muscular twitches, and the patient became calmer. The chloral was now given at gradually longer intervals; about 3 A. M. the spasms ceased altogether, and the patient complained only of aching and soreness in the muscles. He recovered completely in three or four days.

#### Treatment of Scarlatinal Albuminuria.

Dr. Vesey, in the *Irish Hospital Gazette*, gives a case treated by turpentine and vinegar, from which is the following extract:—

The anasarca was very much increased all over the body. The urine had been almost totally suppressed. During the previous thirty-six hours not more than 3iv (if so much) had been passed. This was of the color of tawny port wine. The immediate treatment was a hot bath, with mustard, followed by hot stupes to loins, a brisk purgative, and a turpentine enema. Turpentine confection was also administered in fifteen grain doses, every hour, and vinegar and water (1 to 4) was given, *ad lib.*, as a drink. The bowels acted freely, and in three hours from the commencement of the treatment there was an improvement; the convulsions were not so severe, nor so frequent. Chloroform was also tried, but I did not derive the benefit therefrom that I expected, so did not persevere in its use.

In twelve hours the convulsions ceased, and did not return. The turpentine confection was now given every third hour, and did not produce any strangury. The quantity of water was notably increased—six ounces in twelve hours. He drank freely of the vinegar and water, and was much pleased with it. He had very copious sweating, which continued for several hours.

Dec. 23d.—To-day patient much better; pale and weak, but otherwise well; plenty of urine secreted, only a trace of albumen; no blood or casts could be found. From this date the convalescence was uninterrupted and complete.

I need not enlarge on the condition of the kidneys in this case. It will be sufficient to say that it was regarded as a case of masked scarlatina in the first instance, with the usual renal sequelæ, from exposure to cold. This view

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is borne out by the appearance of scarlatina in a sister of this boy a few days afterwards.

The reasons for the employment of turpentine are too obvious to be commented on. The vinegar was given with the idea of making the urea-poisoned blood purge itself of the offending matter through the skin. I do not venture to say that the diaphoresis was *propter hoc*, though certainly it was *post hoc*.

In the current number of *St. Bartholomew's Hospital Reports* will be found a very valuable paper by Dr. Reginald Southey, who prescribed sulphurous acid and compound spirit of horse-radish in acute Bright's disease. Of vinegar he says, "I do attribute her improvement very greatly to the large amount of vinegar in horse-radish sauce that this patient took; and often-times since, in the persistent sickness of the uræmic state, I have given the dilute acetic acid of the *Pharmacopœia*, in drachm or half drachm doses, with almost invariable benefit."

#### On Croton-chloral Hydrate.

In the *Medical Press and Circular*, Dr. J. C. O. Will, says:—

I may state my decided conviction that, of all hypnotics, croton-chloral has the least troublesome sequelæ.

I make it into a syrup containing two grains of croton-chloral to a drachm of a mixture of glycerine and syrup of orange flowers, colored by adding a very minute quantity of tincture of cochineal. This effectually conceals the taste of the drug, which is certainly to be desired, as it seems to me decidedly unpleasant, and when taken without some flavoring agent it leaves a disagreeable, semi-acid taste in the mouth for a considerable period after swallowing it. This preparation is permanent, a matter of considerable moment, as croton-chloral, though rather freely soluble in warm fluids, is only sparingly so in cold, and when first employing it I was disappointed to find that a mixture which was perfectly clear when first made, soon after became clouded, and threw down a copious deposit of crystals on becoming quite cold. It is, as stated by Wallich and Diehl, freely soluble in alcohol, and a strong tincture can thus be prepared; but, unfortunately, on the addition of water, separation soon takes place, the liquid first presenting an oily-like appearance, and soon after depositing crystals. Therefore, if a strong spirituous solution is prescribed, directions must be given that water, in the proportion of at least a drachm to each two grains of the croton-chloral, should be added before the dose is taken, else the changes I have indicated will ensue, and some of the crystals are pretty sure to adhere to the spoon or glass, or to remain in the patient's mouth, an occurrence certainly not desirable, as the taste of pure croton-chloral is far from agreeable.

CASE 1.—Mrs. T., æt. 30, suffering from severe facial neuralgia, occurring every night about ten o'clock, was ordered three grains of

croton-chloral; half an hour after the pain disappeared, and she slept well, which she had not done for some nights before. On the four following nights the pain recurred at the same hour; three grains were again taken, with similar effect. On the sixth night pain not nearly so severe. On the seventh still less so, after which it did not return. On asking the patient if the mixture made her sleepy, she replied, "No, the pain left me, and then I soon went to sleep." At the time when this statement was made to me I had not seen Liebreich's paper on croton-chloral, but I have since found that it is in accordance with his experience, viz., "that in some cases of tic douloureux the remarkable phenomenon is exhibited that pain ceases before sleep sets in."

CASE 2.—Mrs. S., æt. 43, a somewhat hysterical female, suffering from supra-orbital neuralgia, appearing every night about eleven o'clock. To take 2½ grains on appearance of pain, to be repeated in two hours if necessary. Soon after the first dose pain abated considerably; after the second it disappeared entirely, and did not return for some nights; when it did, the medicine again acted as on the former occasion.

CASE 3.—Mrs. W., æt. 31, had been for some days attacked by intense pain in her right temple, commencing soon after she arose from bed, and continuing with more or less severity during the greater part of each day. When I was called to her it was more severe than it had ever been before. She was directed to take three grains every second hour till relieved. Six grains sufficed, and when I visited her on the forenoon of the following day she was quite free from pain, and said that soon after the second dose she felt so well that she had been able to serve her customers "just as if nothing had ever been the matter." In this case the truth of Liebreich's statement, already alluded to, was well affirmed.

#### Diabetes Mellitus.

The veteran, M. Andral, of Paris, lately reported notes of eighty-four cases of this disease, of which he has preserved written accounts, discarding all others which he had trusted only to memory.

Of these 84 cases, two at the period of observation were between the ages of three and five, three between ten and twenty, twelve between twenty and thirty, twenty between thirty and forty, twenty between forty and fifty, thirteen between fifty and sixty, twelve between sixty and seventy, one at seventy-three, and one at seventy-eight. Thus, glucosuria, very rare prior to twenty, becomes less so between twenty and thirty, is at its maximum between forty and fifty, and continues to be often met with between fifty and seventy, after which it becomes quite exceptional; that is, the greatest frequency of the disease coincides with the epoch at which the organic forces are in

greatest activity. But the ages thus specified were not those at which the diabetes first made its appearance—which were, in twelve before thirty, in forty between thirty and sixty, and in eight between sixty and eighty. There were fifty-two males to thirty-two females.

The treatment generally followed in these eighty-four cases consisted in the use of alkaline drinks, and in alimentary regimen composed chiefly but not exclusively of animal substances, to which were added some herbaceous vegetables and ordinary bread. During this treatment the sugar disappeared, not to return again, in only five cases. In some others it also disappeared, but to return again; while in others it remained as abundant as before, or even increased. In these last cases an exclusively animal regimen, unaccompanied by any feculents whatever, was rigidly enforced, and yet the sugar continued to appear. Moreover, this regimen cannot be continued indefinitely, for after a time the patient becomes so disgusted with it, that, whether we will or not, we must give it up.

M. Andral terminates his paper with some considerations as to how far his clinical experience corroborates the theory of diabetes founded by M. Claude Bernard on the results of experiments. He is of opinion that this is the case only to a limited extent.

#### Rectal Polypi.

The following conclusions are arrived at by Dr. Woodman, in the *London Medical Press and Circular*:—

1. Polypi of the rectum in children are probably less rare than generally imagined.
2. They generally grow from the posterior wall of the rectum.
3. They are easily recognized by digital examination.
4. Such examination should be made whenever the symptoms suggest a polypus.
5. These growths should always be removed. (I have not entered on the question of how best to remove them, but believe the ligature, some form of *écraseur*, twisting off with forceps, or galvanic or gas cautery, to be most appropriate).
6. The polypi may be gelatinous, cystic, warty, fibro-cellular (desmoid) or cancerous, and probably sarcomatous; possibly other varieties of structure may occur.
7. Of all the varieties, the desmoid (fibromata) are the most common.
8. The pedicle, at all events, and sometimes the tumors themselves, are very vascular; hence the knife, if used at all, requires great caution.
9. There is often a tendency to spontaneous cure, which should not, however, be trusted too much.
10. The children of arthritic parents, and those suffering from the syphilitic, tuberculous, and cancerous cachexiæ are most liable to these affections.

#### Fungous Disease of the Ear.

Dr. J. P. Cassells, of Glasgow, contributes to the January number of the *Glasgow Medical Journal* an interesting and instructive paper, on "Fungous Ear Disease" (*Otitis parasitica*), a form of disease which he believes has been almost overlooked in England. He, it appears, came to this conclusion from the fact that, in 1874, Hinton "had not seen such a form of ear disease, nor did he know of an aural surgeon who had." From this circumstance Dr. Cassells formed the determination to investigate every case of ear disease with more care, the symptoms of which gave reasonable grounds for suspecting the presence of aural fungus. The result was that in May, 1874, he discovered three cases, and in June, a case, in which fungus (*Aspergillus nigricans*) was found in both ears; since which he has seen several cases in private practice. In April, 1857, a member of the profession, Mr. John Grove, also published a case in the *Quarterly Journal of Microscopical Science*, and gave some admirable drawings of the fungus fruit and its floccular mycelium, magnified 400 diameters, and which were found to ramify beneath the surface and amongst the hexagonal pavement epithelium. This gentleman tells us also that in the previous September, of 1856, he met with a beautiful specimen of fungoid growth removed from the ear of a gentleman who suffered much from what was thought to be inflammation of the external meatus auditorius. At the end of some days' treatment it was noticed that a peculiar flocculent mass came away after syringing the ear, and which upon examination proved to be a fungus. The disease was speedily cured by the daily use of an alum injection.

## REVIEWS AND BOOK NOTICES.

### NOTES ON CURRENT MEDICAL LITERATURE.

—A very useful monograph "On the Use of Warm and Hot Water in Surgery," has been written by Dr. Frank H. Hamilton, and published by G. P. Putman's Sons, Fourth avenue and Twenty-third street, New York city.

—"The Physiology of General Paralysis of the Insane and of Epilepsy," is the title of an article in the *Journal of Mental Science*, by George Thompson, L. R. C. P., published at Lewes, by George P. Bacon. It is a careful study of the subject.

—A lecture by Dr. T. Gaillard Thomas, on the treatment of tubal pregnancy, has been republished by the Appletons, New York. The diagnostic sign which he chiefly lays stress upon, is *ballottement*.

THE

**Medical & Surgical Reporter,**

A WEEKLY JOURNAL,

Issued every Saturday.

D. G. BRINTON, M. D., EDITOR.

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**THE PROBLEM OF OVER-POPULATION.**

A delicate question has recently come up in English politics—that of the dangers of over population. It is delicate, because to confront those dangers, to suggest any feasible means by which they can be overcome, trenches on the intimate relations of married life.

The immediate topics which led to this discussion have been two—the famine in India last year, and the enormous increase of pauperism in the British Isles these last few years. The famine was directly traceable to an increase of the native population over their means of supply, this increase arising from the condition of prolonged peace the rival princes are forced to maintain by the English residents.

For English pauperism all sorts of remedies have been devised, not one of them practicable. Quite recently the eminent political economist, Professor FAUCETT, has boldly denounced the production of large families by parents unable

to support and educate them properly. He points to the peasant population of France, to prove that a nation can control itself in this particular. Some such effort at self-restraint he recommends to be urged upon the lower classes in his own land.

It were a mistake to suppose that this question has no interest to us in this country. The working man, the book-keeper, the clergyman, forced to subsist on a meagre income, has a very doubtful right to bring into the world a litter of infants beyond his means to protect efficiently in their minority. This view of the case has lately received, to a certain extent, the endorsement of that excellent lady, Mrs. LONG, so well known for her labors in the missionary field of Bedford and Spafford street, in this city, who says:—

"I believe it impossible, in the present condition of wages, for poor people to bring up a family of six or eight children properly. The wife must supplement the labor of the husband by working outside of her own household. This prevents that personal supervision and influence essential to the moral education of the young, and it is this neglect of personal attention that fills our city with street Arabs and our juvenile reformatories with criminals."

These reformatories are necessarily supported by taxation, which falls on those who own property, and this makes another objection to an increase in a pauper population.

There are also physiological reasons, and sound ones, why a family should be restrained within limits. The extensive statistics collected by Dr. MATTHEWS DUNCAN prove that in a numerous progeny the last children are much more apt to be idiots, feeble, or deformed, than the earlier ones; mortality reports conclusively show that the percentage of deaths in children of large families is decidedly higher than in an equal number of children from small families; the health of the mother, and consequently the quality of her milk, deteriorate by repeated child-bearing.

If it should come to be considered that these economic and physiological reasons are sufficient to justify Professor FAUCETT's recommendation, it will then become the duty of the medical profession earnestly to discuss in what manner the result he advocates can be brought about without attending harm, physical or moral. Perhaps, at present, no way free from serious objections of some sort could be thought of. But, of course, there is no invincible obstacle in the case. General refraining from marriage, or *matrimonia sine concubitu*, have had their defenders; but these are feeble aids.

It is our own opinion that were much greater legal power placed in the hands of woman than she now exercises, the question would be sooner solved. Of this there is little hope; so, after all, when the question becomes a pressing one, the medical profession should be ready to meet it.

## NOTES AND COMMENTS.

### A Capable Mother.

The editor of the *British Medical Journal* quotes a letter from a lady, describing how she prepared to treat her son, sick with scarlatina. Her example merits imitation. She writes, "Some months ago, I received the intelligence that my boy, along with others at the same school, a few miles from town, was stricken with scarlatina, and had been removed to the infirmary. Finding, next day, that no rash had appeared, I resolved to have him home. Having given directions for the sick room to be prepared, I proceeded forthwith to St. George's Hospital, to arrange about sending the fever-carriage for the boy. I found, to my dismay, although it proved ultimately for my good, that the carriage was impracticable, owing to the fact that it would not permit of two horses, and one could not accomplish the journey. I was compelled, therefore, to go to our livery stable keeper, give him my confidence, and bind him over to take all necessary precautions afterwards. We had all the cushions removed, and air cushions and a few washable wrappers put in, and a servant was despatched to bring back the patient. Meanwhile, the sick-room was prepared; and, for the sake of others, I may as

well describe it. A well ventilated room at the top of the house, cut off, by a long passage, from other rooms. The walls and ceiling are lightly papered and varnished; a slip of carpet is easily removed, leaving bare boards. No curtains, painted furniture, and an iron bedstead, with woven wire mattress, and a light hair mattress above. This is commonly called a hospital bed. The drawers were removed, with their contents, into another room, leaving the carcass to serve the purpose of shelves. Disinfectants and a hot bath were in readiness. About 8 P. M. the carriage drove up, and a most hilarious invalid bounded forth, an emancipated slave! He had eaten all the oranges, enjoyed the drive, and exercised his lungs in puffing out the air cushions. Although the child had actually been in the infirmary, mixed up with some severe cases, beyond a little sore throat the disease did not develop, and he escaped."

### Wine Drinking and Drunkenness.

Again we have it stated, this time by Dr. Lunier, in a paper at the Paris Academy of Sciences, that drunkenness becomes more general in proportion as the alcohol of commerce is introduced into common use. Thus, in wine-producing countries, where wine is the ordinary drink, drunkenness is rare; whilst, on the contrary, it is general in countries which do not produce wine. His remedy for this state of things is to give every possible facility for the consumption of wine in those countries where it is an imported luxury.

### Insulation of the Bed in Rheumatism.

This method, advocated by Dr. Wagenhals last winter, in this journal, has received further confirmation from various sources. Dr. Edward Playter, of Toronto, gives a case in the *Canada Lancet*, for April. The patient was, February 16th, ordered to be insulated, which was done by placing the legs of the bedstead in four glass salt cellars, the mixture to be continued, and a Dover's powder at night. February 17th, patient decidedly easier, though the previous night had been the worst he had passed. He continued to improve rapidly, and was entirely free from pain in three or four days more, and able to walk about the house.

The constitutional symptoms in this case were not of a very marked character. The heart's action was labored and irregular in the beginning, but not quickened, tongue slightly



coated, white, considerable thirst, but perspiration not profuse; though these symptoms, excepting the heart's action, were gradually becoming more aggravated until February 17th.

The patient had had two previous attacks, similar, but of much greater duration; from which he had entirely recovered. His father had suffered from two or three very severe attacks of acute rheumatism.

Dr. Playter adds, "One such case does not prove much in favor of insulation, but the improvement in the one above referred to commenced earlier, was more rapid and decided than that of any other case of like severity which I have treated, in a practice of about fifteen years."

#### Treatment of Vaginism.

M. Bouchut observes that the spasm of the vaginal sphincter is often due to the same cause as the spasm of the anal sphincter—a very small, painful, longitudinal fissure being detectable at the lower part of the orifice of the vagina. Forced dilatation would seem to be indicated here, as in the fissure of the anus; but in M. Bouchut's opinion, before having recourse, in either disease, to so painful a procedure, we should try simpler measures, which will often prove efficacious. To this end he strongly recommends vaginal suppositories formed of five parts of cocoa butter and three parts of extract of rhatany, thoroughly well incorporated. One of these is to be introduced into the vagina night and morning, and allowed to dissolve there. The patient should also employ a bran bath for an hour daily.

#### On Circumcision.

Whether this operation was first instituted as a measure of hygiene or as a religious rite is not more uncertain than whether to-day it is to be recommended as a sanitary precaution. A French writer, Dr. A. W. St. Germain, states that the indications for the operation are very numerous. Firstly, we have imperforation of the prepuce, which is a rather frequent malformation; in two or three days the newly-born infant has not passed urine. There is developed at the extremity of the penis a tumor of some size, tense, fluctuating, a true urinary cyst, and we must hasten to incise the prepuce or to practice circumcision, to give passage to the urine.

Circumcision may be of some utility as a

preventive means or a curative method in masturbation. In this point of view it is of no use after the age of ten; but at the age of five or six we may obtain a cure. As a general rule, masturbation is a moral disease, against which we must most generally employ moral treatment.

Phymosis is a serious obstacle to fecundation. Hutchinson has much insisted on the remarkably immunity from syphilis or soft chancre found among Jews. Perhaps he is right, for the gland, when constantly uncovered, is flattened, retracted, and indurated, and is no longer covered by mucous membrane, but by a kind of skin.

On the contrary, the contra-indications are few in number—they are erysipelas, hospital gangrene, etc.

#### The Dyspepsia of Smokers.

Dr. Peters, of Paris, alleges that smoking gives rise to a peculiar form of flatulent dyspepsia, characterized by the fact that in such patients charcoal-powder produces no effect. Above all, it is necessary to diminish and forbid the use of tobacco. Pretty good results are obtained from the use of strychnine, especially from the tincture of nux vomica. But these are difficult of administration, and, besides, patients know their names, and fear them. He therefore recommends the following prescription:—

R. Bitter drops of baumé, ʒj  
Tincture of rhubarb, ʒv.

Make into forty pills, one or two of which are taken before each meal.

#### Poisoning by Sausages.

Dr. L. Müller gives, in the *Deutsche Zeitschrift für Pract. Medicin*, the history of a remarkable case of sausage-poisoning, at Middelburg, in Holland. In March, 1874, nearly 400 persons became ill in the course of a few days after eating liver-puddings obtained from a certain butcher's shop. The symptoms, which appeared a few hours after eating the sausages, consisted of *malaise* and vomiting, diarrhoea, with watery and very fetid discharges, at first yellow, afterwards of a grass-green color, colicky pains in the intestines, with, in many cases, pain in the epigastrium and tenesmus, urgent thirst, and great diminution of the secretion of urine. The fever was rather high; the temperature exceeded thirty-nine per cent. (102.2° Fabr.);

the pulse was small, 100 to 120. Herpes labialis appeared off and on. After a few days, apparent convalescence set in, but was, in many cases interrupted for several days by a recurrence of the symptoms, generally, however, without vomiting. Nothing is said as to the state of the spleen. Sometimes the disease finally assumed an intermittent character. Of 343 patients whose cases are recorded, 6 died. *Post-mortem* examinations were made in two cases; but these, as well as chemical and microscopical examinations, and experiments on animals by feeding them with the sausage-meat, gave only negative results.

#### Location of the Sense of Taste.

According to Dr. Davidson, of Liverpool, the results of clinical observation, and of physiological experiment appear to show conclusively that the sense of taste in the anterior area is dependent on the integrity of the chorda tympani, since injury to the fifth nerve, above the junction of the latter with it, although accompanied by complete anæsthesia of the side of the face and tongue, does not necessarily affect the sense of taste; whilst, on the other hand, when the chorda tympani is injured, or cut, taste is lost without loss of sensation. According to some, who regard the chorda tympani as a purely motor nerve, this is due to the affection of the functions of the submaxillary gland, or to the loss of power of erection of the taste papillæ. Neither of these explanations, however, appear to be satisfactory, and the weight of evidence would seem to be in favor of the view that some of the fibres of the nerve are afferent.

#### The Longevity of Jews.

Commenting on this subject, the *London Medical Record* says:—"Some of the causes of Jewish longevity are chiefly as follows. They are obliged to keep two Sundays in a week, besides Jewish, Christian, and political holidays. The circumstance of two out of every seven days being lost to business, gives them, by necessity, about twice as many days of leisure as Christians. They do not engage in mining, mechanics, and other hazardous occupations. The biblical and traditional prohibitions of certain aliments is favorable to longevity. The fifth and last of the summary of causes to which M. Legoyt attributes the greater mean average duration of life of this

people, is that 'the *sentiment de la famille*, more developed in them than in Christians, assures to their children, to their aged and infirm parents, a solicitude more active; to the newborn the mother's nursing; to the poor an assistance more efficacious. Their charity is unequalled; their morality is demonstrated by judiciary statistics; firmness and serenity of spirit are the most marked traits of their character, and proceed from a profound faith, from an unalterable confidence in Providence.' They rarely use alcoholic liquors, and almost never to excess; this is universally conceded. They seldom marry out of their own race, and have little hereditary disease."

### CORRESPONDENCE.

#### Letter from Atlantic City.

ATLANTIC CITY, July 1st, 1875.

ED. MED. AND SURG. REPORTER:—

This is one of the favorite seashore resorts, the evidence of which is seen on every side, in the numerous visitors, and the many cottages occupied by the most eminent physicians and surgeons of Philadelphia. It has many advantages for invalids residing in Philadelphia and its vicinity. The first of these is that this place can be reached without fatigue, in two hours; second, the air is dry and bracing, so that persons suffering from the early stage of phthisis, are not distressed, and those with bronchitis and disease of the heart do not suffer as much as they do in the close and heated city. Again, the transitions of temperature are not as frequent as at many other resorts: for instance, during the last ten days the wind has been southeast. And while the thermometer in Philadelphia ranged from 85° to 95° in the shade, the highest point it has reached here during the same period was 82°, our warmest day at 12 M., while most of the time it was 60° to 65°, and during the evenings, shawls and overcoats were found absolutely necessary. Another class of invalids are very much improved here, not only during the summer, but also in the winter months. I refer to cases of neuralgia, gout, and rheumatism. A most remarkable case of relief of the first has just been brought to the writer's notice. An old and influential merchant suffered from this most distressing and painful malady. All the agents in the treatment of this disease found in the *matéria medica* were employed, without permanent relief. He then was placed under the surgeon's knife, and numerous operations were performed upon his jaw, etc., but with no improvement. As a dernier resort, he was sent to this place, and he had not been here more than a few

weeks when he became entirely free from pain, and he has continued to reside here both winter and summer ever since.

Numerous other affections are much benefited at this health-giving resort; as, for instance, all scrofulous and tubercular affections of the spine, and bones of the upper and lower extremities. In many skin affections, a few weeks' residence will entirely rid the patient of it, even when all ordinary remedies will fail. Diseases of the eye and ear, of a strumous or constitutional character, are much benefited by the warm sea baths, which are now found on each end of the island. The most recent is the West-end Hot and Cold Sea Water Bathing Establishment, situated on Pacific Avenue above Ohio Avenue. This elegant structure, 36x85, two stories high, with forty bath rooms, twenty for males, and twenty for females, was opened the 1st of June, 1875, and is replete with every convenience and improvement that medical science can suggest. The sea water is pumped up by means of a small engine, and the water is heated by steam pipes passing through it. Separate elegant parlors are provided for ladies and gentlemen. As many as seventy bathers have enjoyed the real comforts of the establishment in one day. We could not help noticing with interest the number of little invalid children which thronged the reception room at 11 a.m., each waiting for the influence of the health-giving waters. We took a bath, with two others, to test its simple, cleansing and invigorating qualities, and it was the unanimous opinion that everything was done to make it one of the most agreeable baths we ever enjoyed, and almost at the same cost as one in the ocean. Yours truly,

L. T.

#### Fish Diet.

ED. MED. AND SURG. REPORTER:—

The chief objection to salt fish as an article of diet, is its universal fishiness. No one wishes to be constantly reminded of what he has eaten. That which goes to supply our temporal wants, should be like alms given to the poor. It should be heard of no more.

It is not generally known that salt mackerel (*scomber vulgaris*), and indeed any salt fish, may be eaten with impunity when properly cooked and served up with lemon. A fresh lemon sliced and laid over a dish of properly cooked salt mackerel, when brought to the table emits an odor, when mingled with the fishy odor, that is to most persons absolutely agreeable, and in many persons even whets the appetite.

If the juice of the lemon be now pressed out on to the fish the taste is very much improved. No eructations follow, though you drink freely of water after the meal.

As a vehicle for taking cod-liver oil, lemon juice serves an excellent purpose, and should be especially recommended to patients of a rheumatic diathesis. A. D. BINKERD, M. D.

#### On Specific Treatment.

ED. MED. AND SURG. REPORTER.

In your valuable journal, of May 28th, 1875, I find an article by T. B. Evans, M. D., on therapeutics, that leads me to give my experience in the administration of medicines.

Dr. Evans says, the want of precision and exactness, and the evident lack of sound judgment in collating facts, and the liability to form hasty conclusions from insufficient data, is, in a great measure, the reason of the difference in opinion as to the efficiency of remedial agents." In which statement I fully concur. Again, "In every case we must be guided simply by the appearances presented. Every case treated must be by a law peculiar to itself." And again, "When our knowledge of the causation of certain diseases is based upon better data than we at present possess, I am satisfied, that we may find more specifics." Now if I can do anything to further this end, I shall be satisfied.

I find that all persons are not equally susceptible to malarious or morbid influences of any kind, and have asked myself often, why is it? and answered, it must be on account of different conditions of the chemical constituents of the body. Give a man a perfectly sound organism, and he will resist morbid influences until the equilibrium is destroyed, and then anything that will restore the chemical loss will restore health.

Perhaps I can make my point clearer by relating a few cases in practice.

C. S. calls at my office, complaining of ague; has a well-marked chill, with high fever following, slight headache, and other common symptoms of intermittent fever. On taking his hand I notice it is of a rather bluish color, pale, his tongue is slightly coated, and shows a bluish tinge also, with a blue line around under the eyes. I say he wants iron, and prescribe

R. Tr. ferri mur.,  $\frac{3ss}{3iv}$ . M.

A teaspoonful every hour the first day, every two hours the second.

Sequel, perfect recovery, with but a single, very slight chill.

Again, J. T.; ague; general condition somewhat same, but lips and tongue red, markedly so.

R. Acid mur. dil.,  $\frac{3j}{3iv}$ . M.

A teaspoonful every two hours. Sequel the same.

Again, similar case, frontal headache; yellowish ring around the mouth; pulse weak; slight nausea.

R. Tr. aconit, gtt.xx  
Tr. nucis vomicae, gtt.xx  
Aque,  $\frac{3iv}{3iv}$ .

A teaspoonful every two or three hours, and that is sufficient.

Again, similar case, but mucous membranes pale; tongue thickly coated with a dirty-white fur.

R. Sulphite or bicarb. sodæ,  $\mathfrak{z}\text{j}$ .

Ft. chart. No. xvj. One in water, every four hours.

And that case is cured.

Now, I have started with ague here, as I did in my practice, and I carried the same observations into general diseases, and have cured many different cases of different diseases, by simply studying to find out the distinct chemical lesions, and prescribing accordingly; not always using single remedies, but combining them to meet the distinct wants of the system. Thus, dysentery, with common salt, or again, with atropia and bismuth. Typhoid fever, with acid mur. and quin. sulph. Scarlatina, with belladonna and aconite, and sometimes mur. or nit. acid.

C. A. FREEMAN, M. D.

Newark, Illinois.

## NEWS AND MISCELLANY.

### University of Pennsylvania.

Those graduates of the Auxiliary Department of Medicine of the University of Pennsylvania who have received the degree of Doctor of Philosophy (Ph. D.,) have organized an Alumni Association, with the object of encouraging the study of the Sciences collateral to medicine.

In furtherance of their purpose, they have offered a prize of fifty dollars to that student who shall present the best thesis embodying original scientific investigation. This prize is to be called the "George B. Wood Prize," in honor of the illustrious founder of this Department.

The Association met at the University on the afternoon of Commencement Day, and elected the following officers.

President, Dr. Roland G. Curtin.

Vice President, Dr. De Forest Willard.

Recording Secretary, Charles K. Mills.

Corresponding Secretary, E. L. Evans.

Treasurer, J. Guiteras.

Executive Committee, Drs. A. W. Miller, Jás.

B. Walker, J. Wm. White, Edward T. Bruen, Geo. C. Laws, G. Kerr, J. R. Partenheimer, J. R. Haynes, Robert Simpson and Andrew Macfarlane. Upon that day the following degrees were conferred.

The degree of doctor of philosophy was conferred in course upon the following gentlemen, (doctors of medicine) upon the recommendation of the auxiliary faculty of medicine:

B. Franklin Lautenbach, Andrew McFarlane, A. M., Harry M. Stelwagon, R. S. McCombes, Louis E. Gilliard, Wm. H. Winslow, J. A. Ogden, F. A. Hassler. And on the same day the degree of doctor of medicine was conferred upon J. Sartorius Giltner, and W. Paris Dale Giltner.

### The Mortality of the City.

We give below a statement of the number of deaths in Philadelphia from January 2d, 1875, to the 26th of June, 1875:—

Months.	Males.	Females.	Boys.	Girls.
January.....	718	709	359	338
February.....	763	726	372	353
March.....	805	763	431	379
April.....	942	920	476	438
May.....	788	730	395	344
June.....	692	638	394	375
Total.....	4708	4486	2427	2227
			4654	

The deaths for the first six months in 1874 numbered 8906, being 288 less than for the first half of this year.

Of the total number of deaths (9194) the present year, 3720 were under five years of age, and 985 were over 70 years of age; 7037 of the entire number were natives of the United States, and 1814 were foreigners. Among the principal causes of death were 1264 from consumption of the lungs; 740 from inflammation of lungs; 685 from scarlet fever; 302 from disease of heart; 258 from diphtheria; 214 from croup; 367 from debility, and 415 were still-born; nearly one-half of all the deaths from these eight named causes.

### Philadelphia College of Pharmacy.

The graduates of the Philadelphia College of Pharmacy in New York and vicinity met June 28 and organized a Society of the Alumni of the College. The following officers were chosen: President, P. W. Lercing; Vice Presidents, W. B. Mears and T. Morgan; Secretary, W. S. Wellcome; Corresponding Secretary, Wm. Wilson; Treasury, A. J. Ditman.

### Personal.

—A volunteer correspondent at Ann Arbor learns, on good authority, that in consequence of the homeopathic complications, Prof. Sager has resigned his office as dean of the medical faculty.

—The Brazilian physician, who volunteered his services on the U. S. Steamer Lancaster, after the death of her surgeon at Bahia, was Dr. Euclides Alves Ferriera Da Rocha, Surgeon in the Brazilian Navy.

### Items.

—T. V. Harris, Health Officer at Key West, reports another death from yellow fever on Monday, and says the disease is epidemic there. The German bark Von Moltke arrived at Pensacola, June 28, with several cases of yellow fever on board, one death having occurred. She was at once placed in strict quarantine.

—Chicago is about to establish a system of floating hospitals to cure diseases by means of the pure air of the rivers and lakes.